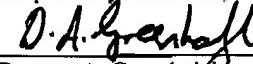
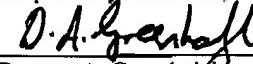
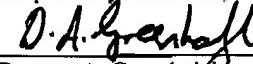


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Attorney Docket Number CWP-012CN3																																				
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired)</p>																																						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 80%;">One month (37 CFR 1.17(a)(1))</td> <td style="width: 10%; text-align: right;">\$ 110.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="3" style="padding-top: 10px;"><input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</td> </tr> <tr> <td colspan="3" style="padding-top: 10px;"><input type="checkbox"/> A check in the amount of the fee is enclosed.</td> </tr> <tr> <td colspan="3" style="padding-top: 10px;"><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 20-0531. Enclosed is a duplicate of this sheet.</td> </tr> <tr> <td colspan="3" style="padding-top: 10px;"><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 20-0531.</td> </tr> <tr> <td colspan="3" style="padding-top: 10px;"><input type="checkbox"/> Return receipt postcard enclosed.</td> </tr> <tr> <td colspan="3" style="padding-top: 10px; vertical-align: top;"> <p>I am the <input type="checkbox"/> assignee of record of the entire interest.  <input type="checkbox"/> applicant.  <input checked="" type="checkbox"/> attorney or agent of record.  <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a). _____.</p> </td> </tr> <tr> <td colspan="2" style="padding-top: 10px; vertical-align: top;"> <b>09/21/2001 TH CORRESPONDENCE ADDRESS</b>            01 FC:115            Direct all correspondence to: Patent Administrator            Testa, Hurwitz &amp; Thibault, LLP            High Street Tower            125 High Street            Boston, MA 02110            Tel. No.: (617) 248-7000            Fax No.: (617) 248-7100         </td> <td style="padding-top: 10px; vertical-align: top;"> <b>SIGNATURE BLOCK</b>            Respectfully submitted,              Duncan A. Greenhalgh            Atty/Agent for Applicant(s)            Testa, Hurwitz &amp; Thibault, LLP            High Street Tower            125 High Street            Boston, MA 02110         </td> </tr> </table>			<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 110.00	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ _____	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ _____	<input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.			<input type="checkbox"/> A check in the amount of the fee is enclosed.			<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 20-0531. Enclosed is a duplicate of this sheet.			<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 20-0531.			<input type="checkbox"/> Return receipt postcard enclosed.			<p>I am the <input type="checkbox"/> assignee of record of the entire interest.  <input type="checkbox"/> applicant.  <input checked="" type="checkbox"/> attorney or agent of record.  <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a). _____.</p>			<b>09/21/2001 TH CORRESPONDENCE ADDRESS</b> 01 FC:115 Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		<b>SIGNATURE BLOCK</b> Respectfully submitted,  Duncan A. Greenhalgh Atty/Agent for Applicant(s) Testa, Hurwitz & Thibault, LLP High Street Tower 125 High Street Boston, MA 02110
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